

I am a senior citizen living in Luce County, one of the most rural counties in Michigan. I'm a retired nurse, and have never worked in Michigan. I am not affiliated with any EMS, but I do have the opportunity to observe the functioning of the Luce County Ambulance Service, an ALS service, and the outlying Basic Life Support units on occasion. I would like to offer the following comments for the record. I hope the committee will take up this matter with all the seriousness it deserves.

1. Allow local medical control authorities to authorize EMS personnel at all levels (MFR, EMT, AEMT, Paramedic) to utilize "enhanced skills" within the local medical control authority area. Training, accountability and other assurances are required.

Rural Emergency Medical Services operate under very different conditions than those in more heavily populated areas. Both the number of miles traveled and the availability of staff are key factors. All such services operate under medical control authority. In rural areas, EMS personnel are highly trained to handle situations that might not occur elsewhere. This is especially true here in the Upper Peninsula and can mean the difference between life and death for patients who may be hours away from a hospital (considering time necessary to stabilize the patient and transport.) Failure to allow local medical control to provide this authorization handicaps the EMS in the performance of their mandate and jeopardizes the health and safety of their patients.

2. Allow local medical control authorities to authorize EMS personnel to perform at the level of their licensure within the local medical control authority. For example, if a paramedic is affiliated with a basic service, he/she could function as a paramedic with certain assurances and accountabilities. This would be a permanent allowance of the former "Bennett Bill" which permitted personnel to work at their licensure level, but was limited to a maximum of four years

The authority to function to the full extent of their licensure should follow the individual paramedic and should not be restricted by a rule that governs their authority based on the nature of the service. All operate under and in conjunction with the medical control authority, and their ability to perform life and health saving activities should not be arbitrarily limited.

3. Establish a statewide Rural EMS Task Force to actively address rural issues.

A Rural EMS Task Force is necessary in order to address issues that are unique to the rural medical environment.

Thank you,

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